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	FOR UTILITY OF SIGN	First Named I	nventor	Mei-Ch	ao Liu			
	PPLICATION		COMPLETE IF KNOWN					
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Declaration Submitted OR	<ul> <li>Declaration</li> <li>Submitted after Initial</li> </ul>	al Group Art Unit						
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Nar	Examiner Name					
As a below named inver	ntor, I hereby declare that:							
My residence, post affice	address, and citizenship are a	as stated below next to r	ny name					
i believe i am the original	, first and sole inventor (if only	one name is listed belo	w) or an original, f	irst and joint inve	entor (if plural			
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the specification of which								
in a specification of which  (Title of the invention)  is attached hereto								
CR was filed on (MM/CD/YYYY) as United States Application Number or PCT International								
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Prior Foreign Application Number(s)	Country	Foreign Filling Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	ppy Attached? NO			
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Additional foreign application numbers are listed on a supplemental priority data sneet PTC/SB/02B attached hereto:								
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## DECLARATION — Utility or Design Patent Application

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Given Name (first and middle (if anyl)				Family Name or Surname						
Mei-Chao				Liu						
Signature	Me) - (1	lar Liu			Date	01/21				
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ost Office Address	1650 Men	norex Driv	'e							
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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1\_\_ of \_1\_

Name of Addition	onal Joint Inventor, if	any:			A petiti	on has been fil	ed for th	is unsig	gned in	ventor
Given Name (first and middle [if any])				Family Name or Surname						
, 	reng-Tsung					Huang				
Inventor's Signature	Jang eng- un				بد ر			Dat		01/21/0
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Post Office Address	1650 Memorex Drive									
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City	Santa Clara	State	C.	A	ZIP	95050	Country	U	.S.A	١.
Name of Additional Joint Inventor, if any:							<del>re</del> ntor			
Given Na	ame (first and middle (if an	y])			Family Name or Surname					
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Inventor's Signature					Date					
Residence: City		State			Country			Citizenship		
Post Office Address	1650 Memorex Drive									
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City	Santa Clara	State	C.	A	ZIP	95050	Count	y 1	U.S.A.	
Name of Addition	nal Joint Inventor, if a	ny:			A petition	n has been file	d for this	unsigr	ned inv	entor
Given Name (first and middle [if any]) Family Name or Surname										
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